

**MEDICAID ADMINISTRATIVE MATCH CLAIMING PROGRAM
PROPOSED ACTIVITY CODES FOR LOCAL HEALTH JURISDICTIONS**

CODE 1: DIRECT PATIENT CARE
MER: Not applied; non-matchable activity

All staff may use this code.

Providing client care, treatment and/or counseling services to an individual in order to correct or ameliorate a specific condition. Includes the provision of direct services reimbursed through Medicaid, as well as direct services that are not reimbursed by Medicaid. Includes paperwork, clerical activities, oral or written interpretation furnished by the direct patient care provider, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Direct clinical/treatment services including scheduling, collecting medical history, performing assessment/medical exams, charting, and patient education that is part of a routine office visit;
- Health screenings and diagnostic evaluations (e.g., orthopedic evaluation, vision screen, and audiological testing services);
- Screening and treating communicable diseases (e.g., STDs, HIV, TB);
- Counseling/therapy services;
- Skills training for medical/dental/mental health services;
- Administering first aid, emergency care, medication or immunizations/vaccines;
- Preparing for and cleaning up after screening or medical procedures;
- Submitting billing documents for patient care;
- Performing specialty clinic examinations;
- Performing pregnancy tests;
- Developmental assessments;
- Providing smoking cessation and/or breastfeeding education for pregnant women;

CODE 2: NON-MEDICAID OTHER PROGRAM AND SOCIAL SERVICE ACTIVITIES
MER: Not applied; non-matchable activity

All staff may use this code.

This code should be used when performing any non-health-related or non-Medicaid direct service activities, such as education, employment, job training, social services and other activities or services. Includes activities unrelated to the administration of the Medicaid program. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Developing funding proposals for non-Medicaid services;
- Teaching first aid or CPR classes;
- Teaching individuals and their family members ways to improve or maintain their health status (e.g. nutrition, physical activity, weight reduction);
- Purchasing food, clothing or other supplies for a client;
- Investigating communicable diseases;
- Providing DSHS with information about policies governing the WIC program;

- Providing non-medical/dental/mental health technical assistance and monitoring of local programs;
- Preparing for and attending court appearances and any court-related activity.

CODE 3: MEDICAID OUTREACH
MER: 100%

All staff may use this code.

A campaign, program or ongoing activity targeted to 1) bringing potential eligibles into the Medicaid system for the purpose of determining eligibility or 2) bringing Medicaid eligible individuals into specific Medicaid services. Activities may include informing Medicaid eligible or potentially eligible individuals, agencies, and community groups about the range of health services covered by the Medicaid program including preventive or remedial health care services offered by the Medicaid program that may benefit them. Oral or written informing methods may be used. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Use this code when conducting outreach campaigns directed to the entire population to encourage potentially Medicaid eligible individuals to apply for Medicaid and outreach campaigns directed toward bringing Medicaid eligible individuals into Medicaid covered services, such as Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Medicaid prenatal care, a Medicaid medical home, etc.

A health education program or campaign may be allowable as a Medicaid outreach activity, if it is targeted specifically to Medicaid services and for Medicaid eligible individuals, such as an educational campaign on immunization addressed to parents of Medicaid eligible children. Health education programs or campaigns or component parts of health education programs or campaigns that are general in nature such as oral hygiene education programs, car passenger safety, or antismoking programs should not be recorded to this code.

Report under this code only that portion of time spent in activities that specifically address Medicaid outreach. Report the non-Medicaid portion of these outreach campaigns for Code 4 (for example, general health education programs such as car passenger safety, lice control, etc).

Examples of activities reported under this code include:

- Providing information to the general population about the Medicaid program to encourage potential Medicaid eligibles to apply for Medicaid; explaining the benefits of health coverage through Medicaid;
- Providing outreach to low-income individuals and communities regarding the availability of Medicaid coverage, including coverage for children living alone or in families with family income at or below 200% of the federal poverty income guidelines, and to pregnant and parenting teens.
- With MAA staff assistance, training providers about managed care in general and about specific services to high need groups such as Supplemental Security Income (SSI) eligibles, children, and pregnant women.
- Providing information to individuals, families, agencies and community groups about Medicaid managed care plans and about the Medicaid covered services they offer for the purpose of bringing Medicaid eligibles into Medicaid health care services;
- Assisting Medicaid recipients eligible for *Healthy Options* to select a contracted carrier and a Primary Care Provider within that carrier; assist in helping them to understand

enrollment and assignment procedures and how to request change in carrier or PCP, file a complaint or grievance, request a fair hearing, or enroll new members of household; assist them to access their managed care providers and Medicaid services not covered by their plans; includes trouble-shooting on behalf of a recipient;

- Provide outreach to and contact with clients to help them understand managed care and how to use it, including Health Options enrollment, assignments, and trouble shooting;
- Informing families with children about the availability of Medicaid services, such as Early Periodic Screening, Diagnosis and Treatment, and how to enroll in Medicaid;
- Identifying medically at-risk, potentially eligible individuals who may benefit from participating in Medicaid services;
- Making referrals, scheduling and following up on EPSDT screens, interperiodic screens and appropriate immunizations;
- Arranging for and following up on any diagnostic or treatment services, which may be required as the result of a condition identified during the child's EPSDT screen.

CODE 4: NON-MEDICAID OUTREACH
MER: Not applied; non-matchable activity

All staff may use this code.

Use when informing individuals about social, educational, legal or other services not covered by Medicaid and how to access them. Also use when conducting general health education programs addressed to the general population. Oral or written methods may be used. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Conducting outreach activities that inform individuals about non-Medicaid health programs and services (e.g., car passenger safety);
- Conducting general health education programs or campaigns addressed to the general population (e.g., dental hygiene, antismoking, alcohol reduction, victim assistance and domestic violence);
- Scheduling and promoting activities that educate individuals about the benefits of healthy lifestyles and practices;
- Providing information about child care resources;
- Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid such as clothing, food, child care, TANF, food stamps, WIC, Head Start, legal aid, housing, jobs, etc.

CODE 5: FACILITATING MEDICAID ELIGIBILITY DETERMINATIONS
MER: 100%

All staff may use this code.

Use this code when assisting an individual in becoming eligible for Medicaid. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

This activity does not include the actual Medicaid eligibility determination.

Examples of activities reported under this code include:

- Explaining eligibility rules and the eligibility process for *Healthy Options* and other Medicaid programs to prospective applicants;
- Making referrals to encourage individuals who are potentially eligible to apply for Medicaid or Healthy Start;
- Gathering information related to the Medicaid application and eligibility determination (or redetermination) from an individual, including resource information and third party liability (TPL) information, in preparation for submitting a formal Medicaid application;
- Assist families seeking Medicaid coverage only for their children in forwarding the Medicaid application and supporting documentation to the Medicaid Eligibility Determination Services (MEDS) office for processing;
- Referring families applying for other types of public assistance to the DSHS community service office to apply for Medicaid benefits for themselves or their children;
- Providing or packaging necessary Medicaid forms needed for the Medicaid eligibility determination.

CODE 6: FACILITATING ELIGIBILITY FOR NON-MEDICAID PROGRAMS
MER: Not applied; non-matchable activity

All staff may use this code.

Use when assisting an individual to become eligible for non-Medicaid programs, such as TANF, food stamps, SSI, WIC, Section 8 housing, etc. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Informing individuals about programs such as cash assistance, food stamps, WIC, day care, legal aid, and other social and educational programs and referring them to the appropriate agency to make an application;
- Explaining eligibility rules and the eligibility process for non-Medicaid programs, such as food stamps, TANF, WIC, SSI, etc., to prospective applicants;
- Assisting an individual to complete an application for a non-Medicaid program such as food stamps, TANF, WIC, SSI, etc.;
- Gathering information related to the application and eligibility determination for non-Medicaid programs from a client;
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.

CODE 7: REFERRAL, COORDINATION AND MONITORING OF NON-MEDICAID SERVICES
MER: Not applied; non-matchable activity

All staff may use this code.

Use when performing referrals, coordinating, and/or monitoring the delivery of social, educational, legal, or other services not covered by Medicaid. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Making referrals for and coordinating access to social and educational services such as child care, employment, job training, clothing assistance, and housing;
- Making referrals for, coordinating and monitoring the delivery of school and/or community based health screens (vision, hearing, scoliosis);
- Gathering information from individuals to determine the kinds of social services that may be needed;
- Providing information to another provider about non-medical services being provided to an individual;
- Providing follow up to ensure whether individuals received social services such as housing, income assistance, domestic violence services, after school services, and child care.

CODE 8: REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES
MER: MER applied

All staff may use this code.

Medicaid providers should use Code 1 when conducting any screening, referral, coordination and monitoring that are part of a routine office visit or a First Steps or Targeted Case Management visit and reimbursed as part of the Medicaid program.

Use when performing referral, linkage, coordination, and monitoring activities that facilitate access to and coordination of Medicaid covered services. Includes identifying the need for and types of medical care an individual needs, making referrals to Medicaid providers, and doing follow up or monitoring to assess individual's progress. Include consultation with other providers to access Medicaid services for a client. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Gathering information that may be required to make referrals for medical health, mental health, or substance abuse services and assisting individuals in obtaining these services;
- Identifying and referring individuals who may be in need of Medicaid family planning services (when the agency does not directly provide comprehensive clinical medical family planning services and supplies);
- Assisting with arrangements for specialty care;
- Making referral, coordinating, and following up on scheduled medical or physical examinations and necessary medical/dental mental health evaluations;
- Working with children, their families, other staff and providers to identify, arrange for, and coordinate services covered under Medicaid that may be required as the result of screens, evaluations or examinations;
- Referring individuals for necessary medical health, dental, mental health or substance abuse services;
- Assisting families of medically fragile children to establish a "medical home" and to access other necessary medical/dental/mental health services;
- Providing follow-along activities that ensure high-risk populations (e.g., substance abusing pregnant women or new mothers, frail elderly, individuals with tuberculosis, etc.) achieve positive health outcomes;

- Participating in case conferences or multi-disciplinary teams to review an individual's health-related needs and plans and to coordinate medical and health-related care and services;
- Participating in consultation to individuals to assist them in understanding and identifying health problems or conditions and in recognizing the value of preventive and remedial health care. **(This activity may be claimed only when it is not part of a standard medical exam or when it is not billed as a Medicaid service.)**

CODE 9: SPMP MEDICAL CARE COORDINATION
MER: MER applied

Medicaid providers should use Code 1 when conducting any screening, referral, coordination and monitoring that are part of a routine office visit, a First Steps visit, or a Targeted Case Management visit and reimbursed as part of the Medicaid program.

Only staff who are Skilled Professional Medical Personnel (SPMP) may use this code when their skilled professional medical education and training are required to perform the activity.

Skilled professional medical care coordination facilitates access and use of Medicaid covered services when the needs of the individual are medically complex, and professional expertise is needed to assist the individual to access care or treatment. Includes assessing the need for and types of medical care required by individual Medicaid beneficiaries and consultation with other medical providers around the need for and adequacy of an individual's care or treatment. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Activities reported under this code include the following sub-categories:

- Code 9A: *SPMP care management to assess need for and adequacy of medical care services, including related consultation with individuals and medical providers*, when not part of a medical visit or other Medicaid billable service. Case management being provided through an approved Home and Community-Based Services waiver must be claimed at the appropriate FMAP rate as a medical assistance expenditure even if the services are performed by a qualified SPMP.
- Code 9B: *Anticipatory guidance to facilitate medical care and treatment for complex health need.* Includes preparing for, coordinating or providing information about growth and development and the prevention of injury, disease, and/or disability;
- Code 9C: *Participation in state, county, or community interagency meetings, including meetings with medical providers, to improve the medical aspects of Medicaid services, or to plan or monitor the delivery of Medicaid-covered medical services;*
- Code 9D: *SPMP training to improve the skill levels of SPMP staff in performing allowable SPMP activities;*
- Code 9E: *Internal quality management by SPMP only when performing Medicaid-related quality management activities such as utilization review, ongoing evaluation, and development of standards and protocols.*
- Code 9F: *SPMP Vaccine Quality Improvement* activities performed by Skilled Professional Medical Personnel that oversee and coordinate the medical aspects of vaccine programs in local health jurisdictions. Includes developing and monitoring of clinical protocols for storage and handling of vaccine to ensure their quality. Includes clinical monitoring of the handling and distribution of vaccines. Includes site reviews to ensure the medical quality of vaccine administration and of the medical protocols used in vaccine programs. Includes providing and exchanging medical information to or with medical providers to ensure the overall quality of vaccine programs – appropriate uses and dosages, adverse effects, interpretation of medical

guidelines, epidemiology, standards of care, and other clinical concerns. Includes recommendations to medical providers to maintain quality vaccine programs, such as handling vaccine storage and administration incidents, such as whether to continue use of vaccine not properly refrigerated and whether to recommend revaccination. Administering immunizations/vaccines and other direct medical care should be reported to Code 1: Direct Patient Care.

CODE 10: OUTREACH AND ACCESS TO ORAL HEALTH CARE FOR MEDICAID CHILDREN
MER: 100%

Use when recruiting providers to accept Medicaid children into dental care and performing outreach to link Medicaid children 0 - 18 years into timely oral health care.

Examples of activities reported under this code include:

- Outreach targeting dental and medical providers, community agencies, media and potential clients.
- Referring Medicaid enrolled children aged 0-5 to the ABCD dental program.
- Referring Medicaid enrolled children aged 0-18 to oral health care.
- Development and maintenance of an information clearinghouse & referral/resource information on the availability of dental care for Medicaid children, including the ABCD program.
- Client orientation sessions within the community to reduce barriers and improve client behavior and program participation.
- Assessment of client and provider satisfaction.

CODE 11: TRAINING TO IMPROVE SKILLS IN DELIVERY OF NON-MEDICAID SERVICES
MER: Not applied; non-matchable activity

Use when providing or receiving training that improves skills in delivering non-Medicaid services. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

CODE 12: ARRANGING TRANSPORTATION FOR MEDICAID SERVICES
MER – 100%

All staff may use this code.

Use when assisting an individual enrolled in Medicaid to access transportation services covered by the DSHS Medicaid transportation brokerage system. Assisting individuals to arrange transportation to Medicaid services, including Healthy Kids examinations. Educating clients on the Medicaid interpretation or transportation brokerage system. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

CODE 13: ARRANGING TRANSPORTATION FOR NON-MEDICAID SERVICES
MER: Not applied; non-matchable activity.

Use when assisting Medicaid or non-Medicaid clients to access services not covered by Medicaid by arranging, scheduling or providing transportation, including accompanying the individual to a service not covered by Medicaid. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

CODE 14: INTERPRETATION FOR MEDICAID-COVERED MEDICAL SERVICES
MER – 100%

This code is to be used only by those agencies that have a contract with the Interpreter Service Program at DSHS. Staff or contractors who are certified and/or qualified by DSHS or a Local Health Jurisdiction to furnish interpreter services may use this code.

Use when providing interpreter services as part of a Medicaid-covered medical service. Includes paperwork, clerical activities, staff travel, or training directly related to performing this activity.

CODE 15: INTERPRETATION FOR MEDICAID-RELATED OUTREACH ACTIVITIES
MER: 100%

This code is to be used only by those agencies that have a contract with the Interpreter Service Program at DSHS. Staff or contractors who are certified and/or qualified by DSHS or a Local Health Jurisdiction to furnish interpretation services may use this code.

Use when interpreting information about the Medicaid program to eligible or potentially eligible individuals or families, or providing information on the Medicaid program to communities, including written translation of outreach materials. Includes paperwork, clerical activities, staff travel, or training directly related to performing this activity.

CODE 16: INTERPRETATION FOR MEDICAID-RELATED LINKAGE ACTIVITIES
MER: MER applied

This code is to be used only by those agencies that have a contract with the Interpreter Service Program at DSHS. Use when assisting an individual to access Medicaid-covered services. Includes paperwork, clerical activities, staff travel, or training directly related to performing this activity.

Interpretation services furnished by a direct patient care provider (e.g., speech therapist, nurse, physician) during a direct patient care visit should be reported to Code 1, unless the interpreter is certified or qualified by DSHS or the Local Health Jurisdiction. In this situation, the interpreter would use Code 14.

Non-Medicaid interpretation services should be reported under Code 17.

CODE 17: INTERPRETATION FOR NON-MEDICAID SERVICES
MER: Not applied; non-matchable activity

All staff may use this code.

Interpretation services furnished by a direct patient care provider (e.g. nurse, physician) during a direct patient care visit should be reported to Code 1. Use this code when assisting an individual to access non-Medicaid services through arranging, obtaining or providing interpretation services. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Scheduling or arranging transportation to social, vocational, and/or educational programs;
- Arranging transportation for a pregnant woman to WIC appointments;
- Arranging for or providing interpretation services (oral and/or signing services) that assist the individual to access and understand social, educational, and vocational services;
- Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

CODE 18: VACCINE QUALITY IMPROVEMENT/CHILD PROFILE
MER: MER applied

All staff may use this code.

Use when performing activities that do not require skilled professional medical education or training to administer or support the vaccine quality improvement program. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities. Administering immunizations/vaccines and other direct medical care should be reported to Code 1: Direct Patient Care.

Examples:

- Data entry related to Child Profile, the State immunization registry. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.
- Routine administrative functions related to ordering and distributing vaccines – filling and tracking orders, distributing vaccines, developing provider agreements, coordinating and performing monthly count of available vaccines, assisting providers to complete the monthly count, and preparing monthly vaccine reports.
- Routine administrative functions related to storing vaccines – tracking vaccine inventory by vaccine type, dose, and manufacturer lot number, package and handling of vaccine.
- Overseeing the contracts and accounting of doses of federally and state-supplied vaccine.
- Conducting routine quality assurance activities such as monitoring of refrigeration temperature logs.

CODE 19: COMMUNITY RESOURCE DEVELOPMENT, SYSTEMS PLANNING AND INTERAGENCY COORDINATION OF MEDICAID SERVICES
MER: MER applied

All staff whose job descriptions or duty statements include responsibilities for community resource development, systems planning and interagency coordination around Medicaid services may use this code. Includes planning and development of services, programs and resources that

relate to Medicaid covered medical/dental/mental health/chemical dependency services, such as the development of policy, procedures and protocols for the delivery and coordination of care to individuals. Use this code for collaborative activities that involve planning and resource development around Medicaid services with other agencies, which will improve the availability and quality of medical/dental/mental health services and the cost-effectiveness of the health care delivery system. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Working with other agencies providing Medicaid services to improve the coordination and delivery of services, to expand their access to specific populations of Medicaid recipients, and to improve collaboration around the early identification of medical/dental/mental health/chemical dependency problems;
- Assessing the capacity of the agency and its providers to deliver accessible Medicaid covered medical/dental/mental health/chemical dependency assessment, treatment and care services to Medicaid eligibles and identifying potential barriers and needs;
- Assessing the capacity of providers to deliver Medicaid covered health assessment, preventive health services and medical care;
- Reducing overlaps and duplication in Medicaid services, and closing gaps in the availability of services, especially for children;
- Streamlining referral system to improve client access to Medicaid-covered medical services;
- Working with Healthy Options Plans and participating in community assessment/planning processes to increase network capacity and reduce barriers to care;
- Active participation on Healthy Options oversight committees within respective communities;
- Working with managed care plans and pediatric health professionals on improving childhood immunization rates;
- Planning programs and services to meet the identified needs of high-risk populations of Medicaid eligibles served by the agency and its providers;
- Interagency coordination to improve the delivery of Medicaid services;
- Collecting and analyzing Medicaid data related to population group or geographic areas, including data gathered from chart reviews, in order to improve service coordination and delivery;
- Conducting needs assessments related to medical/dental/mental health services including Medicaid services within a community, such as identifying the need for and working with local providers to expand prenatal and obstetric services to Medicaid eligible individuals or ensuring that residents in a community where a Medicaid provider(s) is closing or leaving have ongoing access to medical care;
- Developing plans for expansion of Medicaid-covered services;
- Coordinating efforts to improve access to Medicaid covered medical/dental/mental health services to specific populations or geographic areas that are under-served.

CODE 20: COMMUNITY RESOURCE DEVELOPMENT, SYSTEMS PLANNING AND INTERAGENCY COORDINATION OF NON-MEDICAID SERVICES
MER: Not applied; non-matchable activity

All staff may use this code.

Use when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services, including educational, social, vocational, and other services and when performing collaborative activities with other agencies. Includes paperwork, clerical activities, related staff travel or training.

Examples of activities reported under this code include:

- Identifying gaps or duplication of other non-medical services (e.g., social, vocational, and educational programs) and developing strategies to improve the coordination;
- Evaluating the need for non-medical services in relation to specific populations or geographic areas;
- Analyzing non-medical data related to a specific program, population or geographic area of these services; Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.
- Planning, developing, conducting and/or attending training that promotes general community collaboration and developing non-medical services in the community;
- Developing interagency policies and procedures for non-medical programs and services;
- Participating in interagency or community planning efforts to close gaps in social services such as housing, childcare, and after school programs;
- Writing proposals for non health care services such as smoking cessation and domestic violence;
- Conducting external relations (e.g. site visits to police departments, domestic violence services, nutrition programs);
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services.

CODE 21: MEDICAID PROVIDER RELATIONS
MER: MER applied

All staff may use this code.

Use this code when performing activities to secure and maintain the pool of eligible Medicaid (medical/dental/mental health) providers. Use this code when working with staff of Healthy Options managed care plans to ensure access to and availability of service for clients enrolled in them. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Recruiting new medical/dental/mental health providers to accept and serve Medicaid eligible individuals and assist Medicaid eligibles to keep scheduled appointments; assist with arrangements for specialty care;
- Providing information and technical support to providers on medical policy and regulations;
- Working with providers/carriers to assist them in development of working relationships within respective communities;

- Developing medical service/provider directories for those who provide services to targeted population groups e.g., EPSDT children, pregnant women;
- Providing technical assistance and support to providers;
- Working with medical resources, such as managed care plans, to locate and develop health services referral relationships;
- Monitoring effectiveness of programs providing Medicaid-covered services, including client satisfaction surveys for medical/dental/mental health services;
- Contracting with local agencies for the provision of Medicaid services or Medicaid administrative match activities; monitoring to ensure compliance with the terms of the contract, their capacity and availability.
- Developing future referral capacity with specialty medical care providers by discussing medical health programs, including client needs and service delivery requirements.

CODE 22: NON-MEDICAL PROVIDER RELATIONS
MER: Not applied; non-matchable activity

All staff may use this code.

Use when performing activities related to securing and maintaining non-health related providers. Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

Examples of activities reported under this code include:

- Recruiting non-medical providers, (e.g., child care, domestic violence, food pantry);
- Recruiting with outside agencies regarding social and education programs, for example agencies that assist with childcare and housing assistance;
- Providing technical assistance and support to new non-medical staff, including orientation;
- Contracting with local agencies for the provision of non-Medicaid services; monitoring to ensure compliance with the terms of the contract, their capacity and availability.
- Developing staff directories;
- Developing non-medical referral sources.

CODE 23: MEDICAID ADMINISTRATIVE CLAIMING COORDINATION AND CLAIMS ADMINISTRATION
MER: 100%

Reserved for use by individuals in local health departments with designated responsibilities for managing components of the Medicaid administrative match program - the time surveys the invoice, or overall program administration.

CODE 24: MAC IMPLEMENTATION TRAINING
MER: 100%

All staff may use this code.

Use when participating in MAC training or filling out MAC time survey, or when giving or attending training that improves skills of SPMP and non-SPMP staff to perform outreach and linkage to the Medicaid program and the services it covers.

CODE 25: GENERAL ADMINISTRATION

MER: Not applied; reallocated proportionately to other activities

All staff may use this code.

Performing general administrative activities (i.e., those that are not specific to any identified function or that relate to multiple functions of the agency).

Examples of activities reported under this code include:

- Attending or facilitating general agency or unit staff meetings or board meetings;
- Developing and monitoring agency or program budgets;
- Providing general supervision of staff and employee performance reviews;
- Processing payroll/personnel-related documents;
- Maintaining inventories and ordering supplies;
- Reviewing or writing agency, departmental or unit policies and procedures;
- Conducting health promotion activities for staff;
- Providing or attending training related to professional development;
- Providing or attending general in-services or training, including new employee orientation or supervision or computer training;
- Earning compensatory time off;
- Paid overtime;
- Paid breaks.

CODE 26: PAID TIME OFF

MER: Not applied; reallocated proportionately to other activities

All staff may use this code.

Any employee time off that is paid, such as paid vacation, paid sick leave, paid holiday time, or paid jury duty. This does NOT include breaks or earning compensatory time off (see Code 25).

CODE 27: TIME NOT SCHEDULED TO WORK

MER: Not applied

All staff may use this code.

Used when not scheduled to work in the claiming unit or when working in a program whose costs are not included in the claim.